MENTAL HEALTH TRUST FUND INSTRUCTIONS

***** REVISED *****

Instructions for the 2011-12 Second Quarter Report.

- Reports must be returned by May 31, 2012, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- Report 2011-12 second quarter deposits made October through December 2011.
- Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- Do not enter amounts in gray areas.

Deposits

1.		lles Tax Allocation W & I Code Sec. 17601	In the columns titled "October", "November", and "December", enter the total amounts deposited October 27, November 23, and December 27, 2011, respectively.
	b.	Less: State Hospital Offset W & I Code Sec. 17601	In the columns titled "October", "November", and "December", enter the State Hospital Service contract offset amounts from October through December 2011, respectively.
	C.	Less: Managed Care Offset	In the columns titled "October", "November", and "December", enter the Managed Care Program offset amounts from October through December 2011, respectively.
	d.	Total Sales Tax Revenue	Enter the total of lines 1a, 1b, and 1c.
2.	Со	ounty/City Matching Funds	

2

a. Mental Health Match W & I Code Sec. 17608.05 ***** REVISED *****

In the columns titled "October", "November", and "December"" enter the amount of local matching funds deposited from October through December 2011, respectively, in accordance with the schedule developed by the State Department of Mental Health.

b. Vehicle License Fees W & I Code Sec. 17608.10(b) ***** REVISED *****

In the columns titled "October", "November", and "December", enter the amount deposited October through December, respectively, corresponding to the VLF allocation of the CALWORKS Maintenance of Effort (MOE) apportionment. For more information, see report at http://www.sco.ca.gov/ard_payments_realign_fy1112_calworks.html.

c. Total Matching Funds Enter the total of lines 2a, and 2b.

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1e, 2c, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify) Enter and identify any other disbursements made during the first quarter.

7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Trust Funds

W & I Code Sec. 17600.20

Enter the transfers In (Out) between trust fund accounts.

Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Mental Health Trust Fund

2nd Quarter Report for the 2011-12 Fiscal Year

For the County/City of	

DEPOSITS	October	November	December	Total	
1. Sales Tax					
a. Allocation					
b. Less: State Hospital Offset					
c. Less: Managed Care Offset					
d. Total Sales Tax Revenue					
2. County/City Matching Funds					
a. Mental Health Match - REVISED					
b. Vehicle License Fees - REVISED					
c. Total Matching Funds					
3. Other (identify)					
4. Total Funds Deposited					
DISBURSEMENTS					
5. Transfers to Operating Funds					
6. Other (identify)					
7. Total Funds Disbursed					
TRANSFERS					
8. Transfers in (out) to Other Trust Funds					
Questions concerning the preparation of the		ed to			
Telephone No. ()					
Certification:					
As Mental Health Director for the County/Caccurate, and complete.	Dity of	, I certi	fy that the amounts stated or	n this report are true,	
	()				
Mental Health Director	Telep	hone No.	Date		
As Auditor-Controller for the County/City of, I concur with the Mental Health Director that the				Director that the amounts	
	stated on this report are true, accurate, and complete.				
	()				

Telephone No.

Date

Auditor-Controller

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2011-12 Second Quarter Report

- Reports must be returned by April 30, 2012, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- Report 2011-12 second quarter deposits made October through December 2011.
- Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- Do not enter amounts in gray areas.

Deposits

Sales Tax

a. Allocation

In the columns titled "October", "November", and "December", enter the W & I Code Sec. 17603 total amounts deposited October 27, November 23, and

December 27, 2011, respectively.

b. Less: CMSP Offset W & I Code Sec. 17603.05

In the columns titled "October", and "November", enter the amounts of the County Medical Services Program offset from October through

November 2011, respectively.

Note: Counties making direct payments should enter -0- and refer to line 6.

c. Total Sales Tax Revenue

Enter the total of lines 1a, and 1b.

2. County/City Matching Funds

a. Health Match W & I Code Sec. 17608.10(a)

In the columns titled "October", "November", and "December", enter the amount of local matching funds deposited from October through December 2011, respectively, in accordance with the schedule shown in W & I Code Section 17608.10.

b. Vehicle License Fee

W & I Code Sec. 17608.10(b)

Allocation W & I Code Sec. 17604

In the columns titled "October", "November", and "December", enter the amount of county/city matching funds deposited October 27, November 23, and December 27, 2011, respectively, as Vehicle License Fees.

ii. Less: CMSP Offset W & I Code Sec. 17604.05

In the columns titled "October", "November", and "December", enter the amount of the County Medical Services Program offset from October through December 2011, respectively.

Note: Counties making direct payments should enter -0- and refer to line 6.

c. Total Matching Funds

Enter the total of line 2a, 2b(i), less 2b(ii).

3. Other (identify)

Enter and identify all miscellaneous deposits.

4. Total Funds Deposited

Enter the total of lines 1c, 2c, and 3.

Disbursements

Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

CMSP Payments

Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.

Other (identify)

Enter and identify any other disbursements made during the first quarter.

Total Funds Disbursed

Enter the total of lines 5, 6, and 7.

Transfers

Transfers In (Out) to Other Trust Funds, W & I Code Sec. 17600.20

Enter the transfers In (Out) between trust fund accounts.

Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Health Trust Fund

2nd Quarter Report for the 2011-12 Fiscal Year

For the County/City of

Deposits	October	November	December	Total		
1. Sales Tax						
a. Allocation						
b. Less: CMSP Offset						
c. Total Sales Tax Revenue						
2. County/City Matching Funds						
a. Health Match						
b. Vehicle License Fee						
i. Allocation						
ii. Less: CMSP Offset						
c. Total Matching Funds						
3. Other (identify)						
4. Total Funds Deposited						
DISBURSEMENTS						
5. Transfers to Operating Funds						
6. CMSP Payments						
7. Other (identify)						
8. Total Funds Disbursed						
TRANSFERS						
9. Transfers in (out) to						
Other Trust Funds						
Questions concerning the preparation of	f this report should be direc	ted to				
Questions concerning the preparation of	i iliis report silodid be direc					
Telephone No. ()						
Certification:	•	الموسية	of the at the a consequents at a to decide a	this was and and turns		
As Health Director for the County/City of, I certify that the amounts stated on this report are true, accurate, and complete.						
accurate, and complete.						
	()					
Health Director	Tele	phone No.	Date			
As Auditor-Controller for the County/City	/ of	, I co	ncur with the Health Director	that the amounts		
stated on this report are true, accurate, and complete.						
Auditor-Controller	()	phone No.	 Date			
	1 616		Dale.			

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2010-11 Second Quarter Report.

- Reports must be returned by April 30, 2012, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ♦ Report 2011-12 second quarter deposits made October through December 2011.
- ♦ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ Do not enter amounts in gray areas.

Deposits

1. Sales Tax

a. Allocation In the columns titled "October", "November", and "December", enter the total amounts deposited October 27, November 23, and

December 27, 2011, respectively.

b. Stabilization

W & I Code Sec. 17602(b)(1) In the column titled "November", enter the amount deposited

November 23, 2011.

c. Total Sales Tax Revenue Enter the total of lines 1a, and 1b.

2. Vehicle License Fees

a. Vehicle License Fees In the columns titled "October", "November", and "December", enter the

Annual Base total amounts deposited October 27, November 23, and

W & I Code Sec. 17604 December 27, 2011, respectively.

3. CalWORKs Maintenance of Effort

a. Allocation In the columns titled "October", "November", and "December", enter the

W & I Code Sec. total amounts deposited October 27, November 23, and

17601.20(a) December 27, 2011, respectively.

4. Other (identify) Enter and identify all miscellaneous deposits.

5. Total Funds Deposited Enter the total of lines 1c, 2a, 3a and 4.

Disbursements

6. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

7. Other (identify) Enter and identify any other disbursements made during the first guarter.

8. Total Funds Disbursed Enter the total of lines 6 and 7.

Transfers

9. Transfers In (Out) to Other Enter the Tr

Trust Funds

W & I Code Sec. 17600.20

Enter the Transfers In (Out) between trust fund accounts.

Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Social Services Trust Fund

2nd Quarter Report for the 2011-12 Fiscal Year

For the County of	
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DEDOSITO	Ostobor	Nevember	December	TOTAL		
DEPOSITS	October	November	December	TOTAL		
1. Sales Tax						
a. Allocation						
b. Stabilization						
c. Total Sales Tax Revenue						
2. Vehicle License Fees						
a. Vehicle License Fees						
Annual Base						
CalWORKs Maintenance of Effort						
a. Allocation						
4. Other (identify)						
5. Total Funds Deposited						
DISBURSEMENTS						
6. Transfers to Operating Funds						
7 04 (1 17)						
7. Other (identify)						
8. Total Funds Disbursed						
TRANSFERS						
9. Transfers In (Out) to						
Other Trust Funds						
Questions concerning the preparation of	this report should be directed	d to				
Telephone No. ()						
Certification:						
As Social Services Director for the Coun	ty of	Loartify	that the amounts stated on t	his report are true		
As Social Services Director for the County of, I certify that the amounts stated on this report are true, accurate, and complete.						
accurate, and complete.						
	()					
Social Services Director Telephone No. Date						
As Auditor-Controller for the County of, I concur with the Social Services Director that the amounts stated						
on this report are true, accurate, and cor	nplete.					
	()					
Auditor-Controller	() Telephone	 No	Date			
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